ASSOCIATION OF CANCER EXECUTIVES UPDATE

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WHAT'S INSIDE

HAVE SOME NEWS TO SHARE?

Please send to Brian Mandrier at **brian@mandriergroup.com**

association of cancer executives
Connecting All Oncology Leaders

Upcoming Events

IOLC PARIS 2024 REGISTRATION IS OPEN!

The 8th IOLC will be helf in Paris from November 10-12, 2024. Register for the event here.

ACE NEW ORLEANS 2025

The 31st ACE Annual Meeting will be held in New Orleans from January 26-28, 2025! Registration and details coming soon.

Announcements & Reminders

ACCEPTING NOMINATIONS!

Accepting nominations for the 7th Annual Marsha Fountain Award for Excellence in Oncology Administration. The award is reserved for nominees currently working in the oncology administration field. Learn more here.

LOOKING FOR A NEW OPPORTUNITY?

Be sure to visit the ACE Job Board.

Should We Get on the Fast Track? A Q&A with Ashley Salvo from LeanTaaS on Fast-Tracking Short Infusion Treatments

In any infusion center, balancing capacity and managing utilization is a complicated equation. The question "how do we do more with less while continuing to meet our patients' needs?" is ever-present on leaders' minds.

In a recent interview, Ashley Salvo, Product Implementation & Customer Success Manager of iQueue for Infusion Centers at LeanTaaS, discussed how establishing a "Fast Track" model can be an effective way to manage resources and maintain access to care.

Q: What challenges do infusion centers face in managing capacity and demand?

Ashley Salvo: Infusion centers are under constant pressure to accommodate an increasing number of patients. According to the American Cancer Society, new cancer diagnoses in the U.S. are expected to top 2 million for the first time in 2024, driven in large part by an alarming increase in cancers among younger Americans. As demand for infusion services rises, the importance of maximizing throughput is paramount. Traditional workflows often result in long wait times for patients, creating frustration and potentially delaying the start of treatments. And building more space or adding more staff is not a financially sustainable solution.

Q: How does the Fast Track model address these challenges?

Ashley Salvo: The Fast Track model dedicates specific space and resources to handle shorter treatments, such as port draws and injections, while utilizing the main infusion chairs for longer treatments. By doing this, centers can reduce overall wait times, improve throughput, and make the most of the space and staff they already have.

A Fast Track has the potential to expedite certain treatments without compromising safety or quality of care. Patients who need shorter treatments or routine, lower-risk care can be identified and assigned to the Fast Track area. Under the right circumstances, cohorting appropriate treatments helps infusion centers strategically manage resources.

As an example, if port draws and injections are scheduled with an expected duration of 20 minutes, a clinical resource could theoretically manage three of these appointments per hour. If the center is open for eight hours per day, ideally 15-18 of these appointments would be scheduled per day.

Q: What are the key indicators that an infusion center should implement a Fast Track?

Ashley Salvo: A Fast Track model is suitable for infusion centers experiencing high and consistent demand for short treatments. The center should evaluate if there's enough volume to keep a dedicated resource busy for at least half a shift. If the demand is sporadic or too low, the benefits of a Fast Track might not justify the dedicated resources.

Q: How can centers effectively identify the demand for Fast Track treatments?

Ashley Salvo: Centers should analyze historical data to understand the volume and scheduling patterns of short, low-acuity appointments like port flushes, short injections, and pump disconnects. This involves looking at the frequency and timing of these appointments to see if there is a consistent daily demand to dedicate resources for a Fast Track.

Sometimes a center will have a high demand for Fast Track eligible appointments at one part of the day, but a much lower demand in other parts of the day. In this case, leaders could consider dedicating resources during the busy times to a Fast Track and floating those resources back to the general infusion pool during other times.

For example, if a center schedules a heavy volume of port draw appointments first thing in the morning, it may make sense to dedicate one or more nurses to those port appointments in the morning, then incorporate the nurses back into the infusion pool when the demand grows for treatment, usually around 10:00 AM.

Q: What types of resources should infusion centers consider when setting up a Fast Track?

Ashley Salvo: The key considerations include identifying physical spaces within the center and ensuring there are enough clinical staff to manage the Fast Track effectively. Centers might repurpose existing spaces or designate specific areas for these

MEMBER NEWS

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New Sidney Kimmel Cancer Center in Cherry Hill Opens in January.
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short treatments. This is an opportunity for infusion center leadership to think creatively and "outside the box": could an unused vitals bay be converted or an underutilized bed in the infusion suite swapped with multiple Fast Track chairs? There's no one correct answer for all centers.

Clinical resources, or clinical staff, are also an important consideration. The goal is to evaluate each day and ensure sufficient volume to keep clinical resources busy for a full or half shift. If this is possible, a Fast Track may be worth establishing. Another consideration is whether any staff members are on special restrictions for their patient assignments and might be good candidates for managing Fast Track appointments. Additionally, if state rules would allow the staffing of this area with a different role, such as an LPN/LVN/MA, this can help keep each member of the clinical team working at the top of their license and stretch certified nurses further.

Q: What are the potential pitfalls or challenges when implementing a Fast Track model?

Ashley Salvo: Potential challenges include accurately predicting the demand for short treatments and ensuring that the dedicated resources are utilized efficiently. If the volume of short treatments decreases, the dedicated resource might be underutilized, leading to inefficiencies. Additionally, staff may need training to adapt to the new workflow, and there could be resistance to change from staff used to the more traditional model.

Q: How can infusion centers measure the success of a Fast Track model?

Ashley Salvo: Success can be measured through several metrics, such as reduced wait times, improved patient satisfaction scores, and increased overall throughput of the center. Centers should also monitor the utilization rates of the Fast Track resources to ensure they are being used effectively. Regular reviews and adjustments based on these metrics can help maintain and improve the system.

Q: What advice would you give to an infusion center considering the implementation of a Fast Track model?

Ashley Salvo: Start with a thorough analysis of your current patient flow and demand for short treatments. Engage with your staff to understand their perspectives and address any concerns. Implement the Fast Track model, measure its impact, and be prepared to make adjustments. Communication and continuous improvement are key to successfully implementing and sustaining the Fast Track model. And look to technology like iQueue for Infusion Centers to help optimize unique infusion resources and improve efficiency overall.

Ensuring Quality Care: The Vital Role of Effective Revenue Cycle Management

BY JIM MUSSLEWHITE, CEO, ONCOLOGY CONVERGENCE

The U.S. Healthcare system continues to face serious challenges in the quest to deliver quality care. Personnel shortages and burnout, medical errors and lack of transparency are wreaking havoc on clinical operations across both hospital and private practices. But those same issues are also affecting medical billing and revenue cycle management, putting new pressure on your bottom line. To remain afloat in this environment, administrators must apply the same diligence to their financial operations as they do to clinical care, implementing best practices designed to help you realize every dollar.

In this article we address how these challenges are affecting your revenue and what you can do to insulate your finance department against them.

PERSONNEL SHORTAGES AND BURNOUT

The Health Resources and Service Administration predicts demand will outpace supply for healthcare workers in the U.S. through 2036.

For Hematology/Oncology physicians there remains a 3% gap through 2036; for registered nurses that gap is 4%. And these statistics do not consider the attrition we are seeing due to burnout. Both shortages and burnout affect all staffing areas, including

the front office and patient-facing billing and finance counselors.

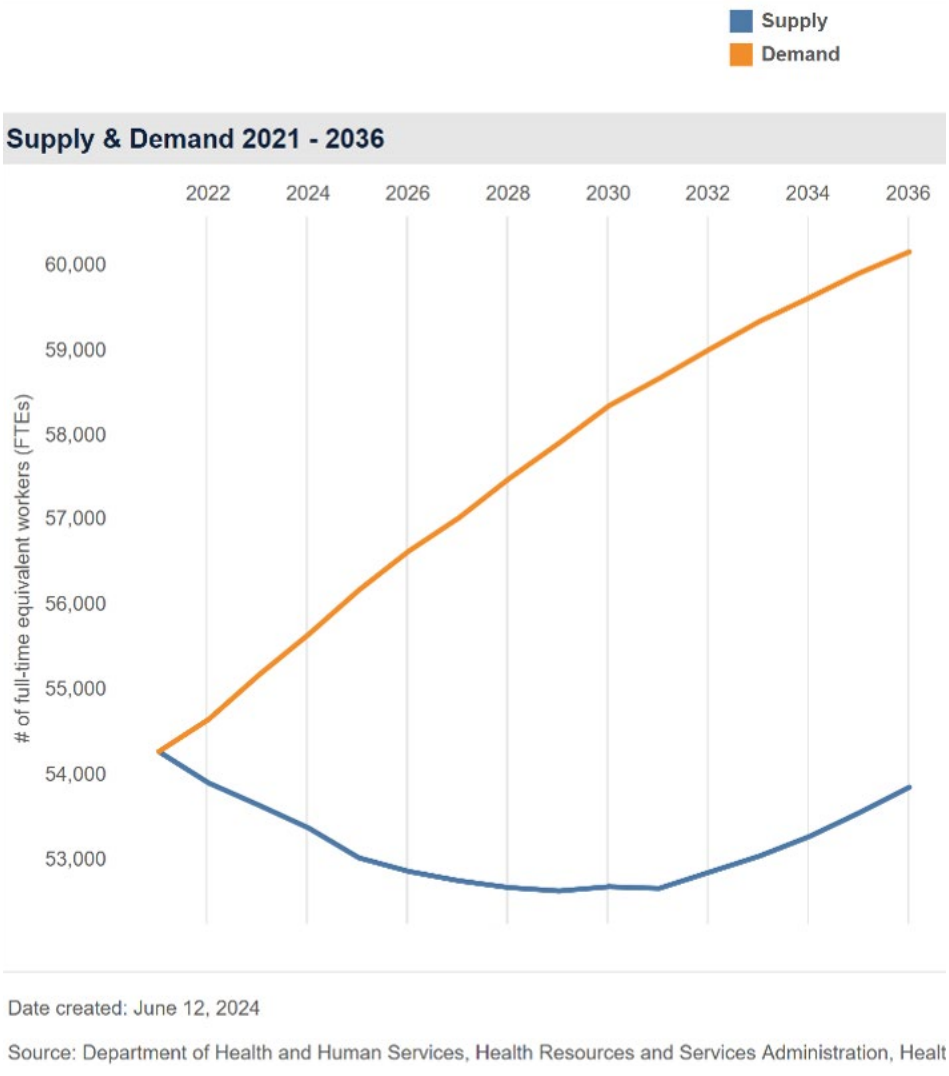
It's important that your patients have a good experience. A 2024 survey from Cedar, a health tech company in New York, found that 38% of people have switched providers because of a bad billing experience. That's a good argument for outsourcing your revenue cycle management, preferably in a way that takes the heavy burden off clinicians and patient-facing staff. By outsourcing - or at a minimum, collaborating - with revenue cycle experts you will not only ensure financial stability and reduce administrative costs, but also help protect your most important staff from burnout that could have sever patient consequences.

ERRORS

In 2016, the British Medical Journal published an article authored by John's Hopkin's physician Martin A. Makary, MD announcing that Medical Error was the third leading cause of death in the U.S., earning widespread attention from the public and quality and risk management specialists in healthcare organizations around the country.

Billing errors are a real problem that must be corrected as well. Among the most detrimental – and most common – error is underpayment, which can result in significant financial loss for healthcare providers. Underpayments occur when the insurance provider or payer does not completely reimburse the provider for the services provided. Most often, underpayments are the result of coding errors, improperly applied reimbursement rates, improperly processed claims at the carrier, lack of appropriate prior authorization, denied claims, or network restrictions.

It's no surprise, really. Payors are constantly revising and updating reimbursement policies and billing codes, making it nearly impossible for those with other responsibilities to keep pace. The consequences can be severe. For example, many organizations will blindly accept and post the insurance ERA files without first reviewing the file for inappropriate denials.



But not all denials are created equally. Some should be rejected. And when was the last time your organization reviewed its reimbursement rates from payors?

The bottom line is that if your billing errors are leading to consistent underpayment, your organization is losing revenue, that will subsequently prevent you from investing in improving your quality of care metrics.

LACK OF TRANSPARENCY

The *Transparency in Coverage Final Rule* was released by the U.S. Departments of Health and Human Services, Labor, and the Treasury in October 2020 and went into effect January 1, 2021. Its purpose is to empower consumers by providing them with critical health care price information. By January 1, 2023, plans and issuers were required to create an online price-comparison tool that allows consumers to see pricing information for 500 common health care services and items. These price-comparison tools must show consumers their personalized out-of-pocket costs for a given service (across in-network and out-of-network providers), as well as the underlying negotiated rates for the service. As of January 1, 2024, the tools are required to include this cost-sharing and pricing information for all covered services and items. Though a step in the right direction, the data is confusing and hard to navigate.

By taking a proactive approach and providing transparency for patients, providers can be sure they are not providing care until all parties are clearly aware of the patient's financial risk. Financial counseling, especially in the oncology setting, is a pillar of revenue cycle success for cancer centers. That involves obtaining prior authorizations and pre-certifications for each patient prior to visiting the practice. In addition, counselors should provide a customized cost of treatment estimate for each patient based on the physician order and the patient's specific insurance coverage. This best practice then allows the practice to meet with and speak with the patient and their family and obtain pharma assistance or copay assistance as needed.

RCM expertise in oncology coding, treatments, as well as both national and local payer and network policies is critical. Transparency up front allows the patient to understand their financial obligations and focus on the challenges of cancer treatment, and gives providers the peace of mind to provide the best course of treatment without fear of underpayment.

It makes sense that most providers focus first on clinical care – as they should. But it's important to remember that sound financial systems and protocols are the backbone of quality care, protecting your revenue and ensuring you can provide patients and staff the resources necessary to do their best work.

Jim Musslewhite is the CEO of Oncology Convergence, a leading, US-based Oncology revenue management firm.

WELCOME

We are pleased to announce the following new members and renewals!

Jen Baker, MHA, FACHE, Market Oncology Operations Director, Intermountain Health

Brian Burke, MPH, MS, Practice Administrator, Fox Chase Cancer Center - Temple Health

Yvonne Cox, Director of Revenue Cycle Management Operations, Triarq Health

Donna Feild, RPh, MBA, Senior VP, Cancer Center Service Line SE, Atrium Health, Levine Cancer

Debbie Fernandez, BS, MS, MHSA, LMLP, CPHQ, Director of Quality, University of Kansas Health System; University of Kansas Cancer Center

Timothy McMahon, MHA, Cancer Service Line Director, BayCare Health System

Parisa Mirzadehgan, MPH, MHDS, CCRP, Director, Clinical Trials, Ellison Institute of Technology

Amanda Musser, RN, MSN, VP of Oncology Services, Premier Health

Sarah Nadanamoorthi, MHA, MPH, Senior Performance Excellence Manager. Fox Chase Cancer Center

Buffy Tarcy, RN, BSN, MBA, OCN, Regional VP of Oncology Service Line, HCA747

HAVE SOME NEWS TO SHARE?

Please send to Brian Mandrier at brian@mandriergroup.com or tag us on social!

Professional Development is Rooted in the Adult Learning Theory

BY MADISON CIMINO, MARKETING COORDINATOR, ONCOLOGY NURSING SOCIETY

Staying abreast of the latest research and advancements is paramount in the dynamic landscape of oncology care. For oncology professionals, the pursuit of high-quality patient care involves harnessing resources, tools, and education based on evidence-based practice. By investing in high-quality education for your staff from the Oncology Nursing Society (ONS), you can ensure your cancer center stands out and continues to deliver comprehensive care.

At the heart of professional development lies the adult learning theory, which is rooted in andragogy. According to Mukhalalati and Taylor (2019), "the term 'andragogy' was developed by Alexander Kapp [in 1833]. . . and was later linked to the work of [Malcolm] Knowles, who argued that adults are differently experienced, motivated, oriented, and in need to learn, than children."

Within the healthcare sector, integrating the adult learning theory into professional development is critical. Selecting educational materials aligned with the principles of andragogy ensures a tailored approach that resonates with the unique characteristics of adult learners, fostering a more effective and engaging learning experience.

"ONS provides me with the most up-to-date evidence-based content so I can educate nurses in my institution," ONS member Colleen McCracken, MSN, RN, CMSRN, CHPN, OCN®, system educator-RN at Froedtert Hospital in Milwaukee, WI, said.

EXPERIENCE OPTIMIZED LEARNING

ONS's gold-standard courses are geared toward the adult learner, and many offer interactive elements, learning checkpoints, and case studies that can help learners retain critical information. Some of ONS's most popular courses are designated as an Optimized Learning Experience, combining clinical expertise with best practices for adult learning. In these courses, learners can explore detailed medical illustrations, immersive interactions, and foundational knowledge and resources on key concepts.

- Ensure your staff is up to date on numerous chemotherapy agents, immunotherapy, hormone therapy, targeted therapy, routes of administration, and more with the ONS/ONCC Chemotherapy Immunotherapy Certificate™.
- Introduce your staff to approaches to antineoplastic treatment, principles of administration, safe handling, and more with the ONS Fundamentals of Chemotherapy and Immunotherapy Administration™.
- Offer novice and expert staff a foundation of knowledge to care for patients undergoing radiation therapy with the ONS/ONCC Radiation Therapy Certificate™.
- Help your staff learn the ins and outs of caring for patients with cancer with ONS Cancer Basics™ or take an even deeper dive with the ONS Foundations of Oncology Nursing Practice Bundle™.

PREPARE FOR CERTIFICATION

Many ONS books feature key points and study questions within each chapter to aid the learner in identifying essential key concepts and, if applicable, help them to prepare for certification.

- Ensure your staff are prepared for certification with a plethora of manuals, including *Advanced Oncology Nursing Certification Review and Resource Manual* (third edition), *BMTCN® Certification Review Manual* (second edition), and *Breast Care Certification Review* (second edition).
- Get the latest guidelines and recommendations in *Access Device Guidelines: Recommendations for Nursing Practice and Education* (fourth edition) and *Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice* (second edition).
- Keep the fundamental knowledge of cancer and its treatment handy with the award-winning *Cancer Basics* (third edition).

ENHANCE YOUR LEARNING AND NETWORKING

This April, the 49th Annual ONS Congress® was held in Washington, DC, where thousands of oncology nursing professionals gathered for learning and networking opportunities. Each year at ONS Congress, attendees have a vast array of opportunities to earn NCPD contact hours, meet with exhibitors and leaders in cancer care, and explore new professional opportunities.
In 2024, attendees presented their research on hot topics in cancer care, such as the impact of climate change on patient care, artificial intelligence in oncology research, telehealth and nurse navigation, and more.

Registering for a conference session or workshop can help the adult learner enhance their knowledge by selecting presentations, posters, and activities that align with their career goals. While the 2024 Congress has concluded, ONS's all-virtual conference ONS Bridge™ will kick off in September 2024, and the 50th Annual ONS Congress in Denver, CO, will take place in April 2025, providing further opportunities for professional development.

Whether you hope to bring innovative education to your organization, enhance your staff's knowledge on specific topics in your practice, or find a refresher on what your staff know best, it's vital that healthcare professionals explore educational opportunities as part of professional development. ONS's in-depth courses, publications, conferences, and clinical practice resources are designed specifically to meet oncology nurses and other healthcare professionals where they are in their practice. Visit ons.org to learn more or visit ons.org/institutions to learn more about group purchasing and volume discount pricing on select ONS resources.

Sarah Cannon Cancer Network's Proactive Approach to Early Detection for Lung Cancer

BY AMY WARE, MHA, MED, FACHE, ASSOCIATE REGIONAL VICE PRESIDENT OF ONCOLOGY; DENIS GILMORE, MD, THORACIC SURGEON; LAUREN VENTOLA, MD, INTERVENTIONAL PULMONOLOGIST
HCA HEALTHCARE | SARAH CANNON CANCER NETWORK | TRISTAR DIVISION

ADVANCING LUNG CANCER DETECTION: INSIGHTS FROM SARAH CANNON CANCER NETWORK

Lung cancer, characterized by uncontrolled cell growth within lung tissues, often progresses silently until reaching advanced stages, limiting treatment options and high mortality rates. Despite a national decrease in new cases,[1] Tennessee remains one of the states with the highest incidence and mortality rates for this disease.[2]

Recognizing this urgent challenge, the Sarah Cannon Cancer Network has implemented targeted screening initiatives using low-dose CT scans and validated risk assessment tools to detect lung cancer at its earliest, most treatable stages. Our multidisciplinary team, including thoracic surgeons, interventional pulmonologists, medical oncologists, radiation oncologists, radiologists, and nurse navigators, collaborates to reverse these statistics through timely interventions and comprehensive patient care pathways.

RISK ASSESSMENTS AND TAILORED INTERVENTIONS FOR HIGH-RISK PATIENTS

Effective cancer prevention and detection hinge on individual risk assessments and tailored interventions. Utilizing advanced calculators like the Mayo Clinic model and the Brock University Calculator, our team evaluates factors such as smoking history, carcinogen exposure, nodule characteristics, family history, and demographics to estimate each patient's likelihood of developing lung cancer.[3]

Moreover, emerging technologies such as blood-based testing, leveraging auto-antibodies and proteomics, further refine risk stratification and inform clinical decision-making.[4] By integrating these advanced strategies, we optimize patient care pathways, minimize unnecessary interventions, and enhance outcomes and quality of life.

LOW-DOSE CT SCREENINGS

As part of our commitment to early detection, our program incorporates low-dose CT scans (LDCT) for lung cancer screening. These scans provide detailed lung images with minimal radiation exposure, aligning with American Cancer Society guidelines recommending annual screenings for high-risk individuals aged 50-80 with a significant smoking history.[6] LDCT screenings have demonstrated a 20% reduction in lung cancer mortality rates,[1] underscoring their effectiveness in our screening protocols. Our comprehensive approach integrates LDCT to enhance early detection efforts and improve patient outcomes.

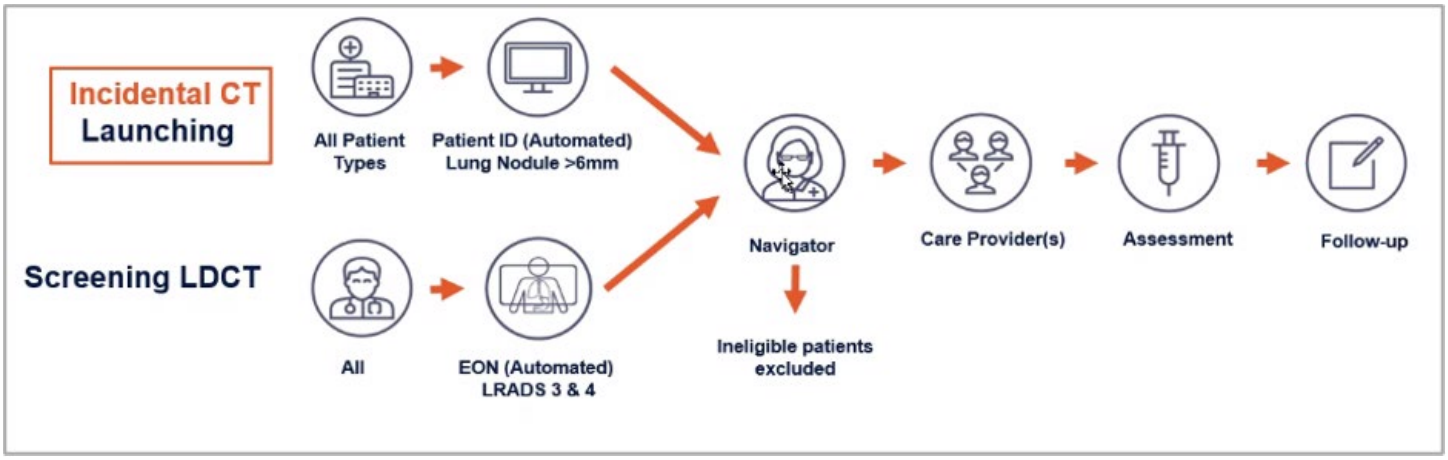
Additionally, following nodule identification, our dedicated oncology nurse navigators offer personalized support, education about the nodule, coordinate specialist appointments, and ensure timely follow-up care. This collaborative approach ensures patients receive high-quality support from diagnosis through treatment and beyond.

INCIDENTAL NODULES

Approximately 30% of CT scans reveal pulmonary nodules, necessitating rigorous evaluation to rule out malignancy.[5] Sarah Cannon's Incidental Lung Nodule Program utilizes advanced AI technology post-radiology report to systematically analyze and interpret findings. Powered by sophisticated natural language processing (NLP), our AI identifies and prioritizes cases based on predefined criteria, facilitating prompt evaluation and management of suspicious nodules. This proactive approach enables early detection and intervention, reducing the burden of undiagnosed lung conditions and improving patient outcomes.

INCIDENTAL LUNG NODULE AI WORKFLOW

Following a CT scan and the issuance of a radiology report, our AI platform becomes



active. It utilizes advanced natural language processing (NLP) technology to analyze the report for terms such as "nodule," "speculated," or "=", which may indicate potential lung abnormalities. This process operates independently of specific provider or patient details, focusing solely on text-based data from lung scans.

Identified cases are seamlessly integrated into our EON platform by the AI-driven process. Nurse navigators then prioritize these cases based on severity, giving immediate attention to critical cases, particularly those featuring nodules larger than 6 cm. This approach ensures timely identification of relevant findings, facilitating swift medical interventions and appropriate follow-up care.
Patients with suspicious nodules undergo comprehensive assessments, including history and physical examinations, radiological evaluations, and minimally invasive procedures as warranted. Notably, while routine screening LDCT scans do not involve AI, incidental CT scans undergo AI analysis to ensure comprehensive detection of lung nodules. This integrated approach enhances our capability to deliver timely and accurate medical interventions for patients at risk.

ADVANCEMENTS IN LUNG CANCER DETECTION

The future of lung cancer detection holds promising advancements driven by cutting-edge technologies and innovative approaches. At the Sarah Cannon Cancer Network, our proactive approach and dedication to research aim to further improve outcomes and redefine standards in lung cancer care.

For more information on lung cancer screening and risk factors, call askSARAH at (844) 482-4812 to speak to a nurse who is specially trained to help with your cancer questions or visit Lung Cancer Care in Nashville | TriStar Centennial Medical Center (tristarhealth.com).

Sarah Cannon, the Cancer Institute of HCA Healthcare, offers integrated cancer services with convenient access to cutting-edge therapies for those facing cancer in communities across the United States and United Kingdom. Through its services, Sarah Cannon is providing state-of-the-art cancer care close to home for hundreds of thousands of patients, a number unmatched by any single cancer center.

Sources:

1. Information and Resources about Cancer: Breast, Colon, Lung, Prostate, Skin | American Cancer Society
2. State of Lung Cancer 2023
3. Lung Cancer Risk Calculators – Lung Cancer Screening and Risk Prediction (brocku.ca)
4. A Blood-Based Proteomic Classifier for the Molecular Characterization of Pulmonary Nodules - PMC (nih.gov)
5. Pulmonary nodules as incidental findings - PMC (nih.gov)
6. New Lung Cancer Screening Guideline Increases Eligibility | American Cancer Society

CoC Accreditation Made Easier: Streamlining Data Management and Fostering Process Improvement

BY Q-CENTRIX

Cancer accreditation programs offer unique advantages for hospitals and health systems. Through programs such as Commission on Cancer (CoC) accreditation, healthcare facilities hold themselves to higher quality and operational standards, instilling greater trust and confidence in the level of care they provide. It's no coincidence that more than 70% of cancer patients seek treatment at CoC-accredited facilities across the country.[1]

As a survey of CoC-accredited facilities found, nine out of 10 cancer programs said accreditation improves quality of patient care.[2] When asked why CoC accreditation was important, some reasons survey respondents cited include:

- The process challenges their program to provide optimal cancer care.
- The program provides a structure and methodology for continuous improvement.

- The process has a direct impact on patient care delivery.

CoC-accredited facilities also have access to reporting tools and data from the National Cancer Database (NCDB), providing valuable benchmarking information and tools for quality improvement, quality assurance, and surveillance measures.

COMMON ACCREDITATION CHALLENGES

Despite its many benefits, CoC accreditation is not without challenges. Obtaining and maintaining CoC accreditation can be time-consuming for many facilities. For example, the requirement to collect and submit cancer registry data to NCDB places an administrative burden on staff, preventing them from working top-of-license.

Considering that 58% of oncologists identified "spending too many hours at work" as the top contributor to their burnout, some facilities may not be able to prioritize accreditation unless they can do so without adding to their staff's existing workload.[3] As labor costs continue to rise, recruiting, hiring, and training the FTEs needed to manage this work is likely not a viable solution for many facilities, either.[4]

Additionally, facilities may be inconsistent in their approaches to collecting, managing, and submitting data, leading to inefficient or duplicative processes. Facilities may also lack a consistent approach to ensuring the accuracy of their data, which can pose data integrity challenges. A recent study examining a cancer center's patient records found that 15% of patient charts had at least one documentation error or discrepancy in their electronic medical records—and the vast majority of these errors were considered major enough to potentially impact a patient's course of care.[5] Without a thorough process for ensuring the quality of the data they submit, facilities may face data quality challenges that could affect patient care and jeopardize their accreditation status.

With the American Cancer Society anticipating an increase in new cancer diagnoses this year, cancer programs must navigate these challenges effectively to maintain accreditation while caring for the growing patient population.[6]

A COMPREHENSIVE SOLUTION

This is why Q-Centrix works with hospitals and health systems to not only manage their clinical data but also help them achieve or maintain accreditation. As a partner to more than 185 CoC-accredited cancer programs across the country, Q-Centrix offers accreditation guidance and a comprehensive oncology data solution that includes clinical data capture and submission to NCDB, RCRS, SEER, and state registries.

Our team of over 250 ODS-certified professionals leverages their cancer registry experience to perform the clinical data tasks needed to maintain accreditation, including submissions, meeting attendance, and follow-up metrics for compliance. With our team managing your facility's cancer data and submission, your team can feel confident leveraging the data to make informed decisions regarding cancer program strategies.

Our cancer program accreditation support includes tools and templates for tracking compliance with CoC standards, education to cancer committee members on CoC standard changes throughout the year, survey attendance and preparation, and much more. Through these efforts, we've brought more than 50 oncology programs to CoC accreditation.

To ensure the highest possible data integrity, we conduct several quality checks throughout the data lifecycle. In fact, we spend over 6,000 hours a year completing quality touches across our oncology partners. Some of these quality checks, such as evaluating specific data elements against CoC benchmarks, have been developed exclusively for CoC facilities.

Our enterprise approach to clinical data management, which involves using the same technology and processes across all sites, allows facilities to benefit from easier preparation for accreditation reviews, along with more efficient processes and unparalleled access to data. With a systemwide view of data, our market-leading analytics tools, and our team supporting the accreditation process, cancer programs can seamlessly achieve and maintain accreditation, further their commitment to quality care, and guide data-driven process improvements along the way.

To learn more about Q-Centrix's clinical data management solutions for oncology, contact us here.

Sources:

1. Joseph M. Unger et al. "National Estimates of the Participation of Patients With Cancer in Clinical Research Studies Based on Commission on Cancer Accreditation Data." Journal of Clinical Oncology: April 2, 2024. DOI:10.1200/JCO.23.01030
2. Aaron D. Bleznak. "CoC Accreditation Adds Value to Cancer Programs." American College of Surgeons. January 1, 2022. https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2022/01/coc-accreditation-adds-value-to-cancer-programs/.
3. Advisory Board. "5 Strategic Decisions Facing Oncology Leaders." September 2023. https://www.advisory.com/topics/oncology/2023/09/5-strategic-decisions-facing-oncology-leaders.
4. Alan Condon. "Rising Labor Costs Eat Into Hospitals' Q1 Profits." Becker's Hospital Review. May 2, 2023. https://www.beckershospitalreview.com/finance/rising-labor-costs-eat-into-hospital-q1-profits.html.
5. Harpriya Khela et al. "Real World Challenges in Maintaining Data Integrity in Electronic Health Records in a Cancer Program." Technical Innovations & Patient Support in Radiation Oncology (29): March 2024. DOI: https://doi.org/10.1016/j.tipsro.2023.100233.
6. Mariah Taylor. "New cancer diagnoses set to hit a new high in 2024: American Cancer Society." Becker's Hospital Review. January 17, 2024. https://www.beckershospitalreview.com/oncology/cancer-mortality-falls-but-incidents-to-reach-new-high-american-cancer-society-finds.html.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